Case 3:14-cv-00255-KC-RFC Document 8 Filed 07/25/14 Page 1 of 6
UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF TEXAS

WAYSE KATHLEEN CARDONE

From To Be Used By A Prisoner in Filing a Complaint Under the Civil Rights Act, 42 U.S.C. § 1983

Alegandro Fierro Maldonado # 60969-280

Plaintiff's name and ID number

Siles W. Dalby Correctional Facility
Place of Confinement

EP 14 CV 0255

(Clerk will assign the number)

West Texas Detention Facility,
Defendant's name and address

West Texas Health Service, Defendant's name and address

Health Service Supervisor,
Defendant's name and address

Mest Texas facility Officer 1-100.

INSTRUCTIONS - READ CAREFULLY

NOTICE:

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Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- To start an action you must file an original and one copy of your complaint with the court. You should keep copy of the complaint for your own records.
- Your complaint must be <u>legibly</u>handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure.

 Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

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FILING FEE AND IN FORMA PAUPERIS

- 1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$350.00.
- 2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
- 3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$350 filing fee has been paid.
- 4. If you intend to seek in forma pauperis status, then do not send your complaint without an Application to the Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

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It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

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EVIOUS LAWSUITS:	ent grant for the second
A. Have you filed any other lawsuits in state or federal court relating to you	
B. If your answer to "A" is "yes," describe each lawsuit in the space below.	(If there is more than one
lawsuit, describe the additional lawsuits on another piece of paper, givin	ng the same information.)
1. Approximate date of filing lawsuit:	<u> </u>
2. Parties to previous lawsuit:	Royal Carlotte Company
Plaintiff(s)	
Defendant(s)	· .
3. Court: (If federal, name the district; if state, name the county.)	and the state of t
4. Docket Number:	A STATE OF STATE
5. Name of judge to whom case was assigned:	
6. Disposition: (Was the case dismissed, appealed, still pending?)	
7. Approximate date of disposition:	

II.	PLACE OF PRESENT CONFINEMENT: Ciles W. Valby Caractional tacility	
III.	EXHAUSTION OF GRIEVANCE PROCEDURES: Have you exhausted both steps of the grievance procedure in this institution? YES	NO
	Attach a copy of the Step 2 grievance with the response supplied by the prison system.	
[V.	PARTIES TO THIS SUIT: A. Name and address of plaintiff: Alexandro Fierro Maldonado is actually	
: :	incorrected in the Dalby Correctional Facility located at 805 North Avenue F. Post, Texas 79356.	
:	B. Full name of each defendant, his official position, his place of employment, and his full mailing address.	
	Defendant #1: West Texas 15 a detention facility 13 located at 401 S. Vasquero, Ave, Sicria Blanca, TX 79851	h)
∇_{\cdot}	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. Liable in responded superior for its employees.	
	Defendant #2: Mest Texas Health Scruice is a department of Defendant West Texas facility. Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed	
· · · · · · · · · · · · · · · · · · ·	Legally respossible for the health Service of West Texas	
	Defendant #3: Health Gervice Supervisor is legally responsible for the health of West Texas and for the welfer of all inmutes. Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed	
	Deliberate indifference to elementary medical needs.	
	Defendant #4: West Texus Health Service Employees 1-100 were the order defendants. Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed	
	Legally responsible in some manner for the events and happening herein, alleged.	:
	Defendant #5:	
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.	

STAT	TEM	ENT	OF	CI.	AIN	1.

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

	Paintiff is surny Defendants alleging they exercised delibera	te indifference L
	his serious medical needs by not providing him adequate care whe to the West Texas Defention facility located in Sierra Blanca in 2012. H	n he was designated
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h 1	MUMILLUCION DI LUC MINISTERI NE CARLO CON PROPORTO AL MICA MONTO CON	decha 110 Con-11. I was
	Said Defendant acted at all times herein knowing fall well that the exclusions, oncedures and policies of the Bureau of Prison would allow	Jahl stred areal ins
	UNDO AN COUNTRY WINDS OF THE UNITED CHAPC CARCLESTED IN	
	Unalle date at Haintit Milliam pen colmected to the illeval devilor	tipn activity by the
	Defendant as indicated above, acting within the course and crope of their officers of Mest Texas facility and the BOP, deprived faint if of his right	o to ha love Poim
	- YOUR COUNTY OF THE INFAIRM OF THE APPLICATION APPLIC	e and Unompalling up
	lipilation of Paintiff's right to be free from cruel and unusual punis	himent.
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√I.	RELIEF: State briefly exactly what you want the court to do for you. Make no legal cases or statutes.	al arguments. Cite no
		MARC IN AN AMAIN
	tainhfforage for ceneral, special, exemplary and ountine dam aronding to anot: seeks interest as allowed by law, cost of suiting fees as allowed by law.	and herein attorners
/II.	fees as allowed by ade, and such other and futher releif a may be general Background information:	gust and proper.
•	A. State, in complete form, all names you have ever used or been known by including	σ any and all
	aliases:	5 any and an
	D. I. 'A Hamber to the second	
: I	B. List all TDCJ-ID identification numbers you have ever been assigned and all other or FBI numbers ever assigned to you, if known to you.	er state or federal prison
1.	i i i i i i i i i i i i i i i i i i i	spandents, Capac
ΊΙΙ.	SANCTIONS:	
	A. Have you been sanctioned by any court as a result of any lawsuit you have filed?	YES 🗸 NO
11.	B. If your answer is "yes", give the following information for every lawsuit in which imposed. (If more than one, use another piece of paper and answer the same questions.	sanctions were s.)
	1. Court that imposed sanctions (if federal, give the district and division):	
	2. Case Number:	
	3. Approximate date sanctions were imposed:	The Control of the Co
	4. Have the sanctions been lifted or otherwise satisfied?	The Mark States
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Case 3:14-cv-00255-KC-RFC Document 8 Filed 07/25/14 Page 5 of 6 C. Has any court ever warned or notified you that sanctions could be imposed? D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.) 1. Court that imposed warning (if federal, give the district and division): Case Number: Approximate date warnings were imposed: <u> Alegandro Fierro Maldonudo</u> Executed on: 01/16/13 PLAINTIFF'S DECLARATIONS 1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct. 2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit. 3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit. 4. I understand I am prohibited from bringing an in forma pauperis lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury. 5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid. (Day) (year)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

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Reorder from: IC/Great Western Business Forms ● 800-733-4277					
Staff Signature		Staff Response:			To. Ms. Compliant
Date INMATE AFTER STAFF RESPONSE			Request Hease complete the attache certificate of inmate account and forward it	Megandra Hello Number: BOOL60-286 Houseing: Ed 1007	GILES W. DALBY CORRECTIONAL FACILITY INMATE REQUEST FORM JUDGE KATHLEEN CARDONE